PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

appropriate. All further	correspondence includin d below or directed oth	g the l	Patent, advance or	ders and notification	of m	aintenance fees	will be	mailed to the current of	ould be completed where correspondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
46347	7590 01/28/	2009			Have			J		
WOODCOCK WASHBURN LLP CIRA CENTRE, 12TH FLOOR 2929 ARCH STRET PHILADEL PHIA DA 19104-2891						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
PHILADELPHIA, PA 19104-2891						Maryann Barut (Depositor's name)				
					man praBareit (Signature)					
		4-27.07 (Date)								
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVEN			NTOR ATTORNEY DOCKET NO. CONFIRMATION NO.				
10/557,072 04/18/2006				Sebastien Rose	CEPF-0015 3864					
TITLE OF INVENTION: MODAFINIL SYNTHESIS PROCESS										
APPLN. TYPE	SMALL ENTITY ISS		SUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1510	\$300		\$0		\$1810	04/28/2009	
EXAMINER			ART UNIT	CLASS-SUBCLAS	UBCLASS					
O'SULLIVAN, PETER G 1621			1621	564-134000						
 Change of correspondence address or indication of "Fee Address" (3' CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Cephalon France Maisons ALFORT, FRANCE										
		r categ	ories (will not be p				•		oup entity Government	
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-1/95 (enclose an extra copy of this form).						
5. Change in Entity Sta					TITY status. See 37 Cl					
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Laited States Patent, and Trademark Office.										
Authorized Signature						Date	4.	27.09		
Typed or printed nam		W	Sprac			Registration		52, 2		
This collection of informan application. Confide submitting the complete this formand or outgood	nation is required by 37 on tiality is governed by 3: ed application form to the tions for reducing this by	CFR 1.5 U.S.C e USP	311. The information of the control	on is required to obta 1.14. This collection y depending upon the	in or in is est	retain a benefit b timated to take 1 vidual case. Any	y the pui 2 minute commend Trade	blic which is to file (and es to complete, including this on the amount of times. Office, U.S. Dep	by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce. P.O.	

this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.